

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 10  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799         </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">MM</div> /          <div style="border: 1px solid black; padding: 2px;">DD</div> /          <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div> <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">09</div> /          <div style="border: 1px solid black; padding: 2px;">27</div> /          <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	

Full Name of Payee <b>Itzamna Translations Company</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">MM</div> /          <div style="border: 1px solid black; padding: 2px;">DD</div> /          <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div> <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">09</div> /          <div style="border: 1px solid black; padding: 2px;">18</div> /          <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address P.O. Box 1015			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">52.65</div>	
City Glendale	State AZ	Zip Code 85311	<b>Transaction ID : B628176</b> Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">MM</div> /          <div style="border: 1px solid black; padding: 2px;">DD</div> /          <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div> <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">09</div> /          <div style="border: 1px solid black; padding: 2px;">18</div> /          <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Purpose of Expenditure Translation Services		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>		
Name of Federal Candidate Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">2045078.14</div>	
Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <b>Terris Barnes &amp; Walters</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">MM</div> /          <div style="border: 1px solid black; padding: 2px;">DD</div> /          <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div> <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">09</div> /          <div style="border: 1px solid black; padding: 2px;">19</div> /          <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address 400 Montgomery St # 700			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1875.60</div>	
City San Francisco	State CA	Zip Code 94104	<b>Transaction ID : B628177</b> Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">MM</div> /          <div style="border: 1px solid black; padding: 2px;">DD</div> /          <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div> <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">09</div> /          <div style="border: 1px solid black; padding: 2px;">19</div> /          <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Purpose of Expenditure Canvass Lit		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>		
Name of Federal Candidate Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">2045078.14</div>	
Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">1928.25</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px;"> </div>
<b>(c) TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

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: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB

Form/Schedule: F24A

Transaction ID :

This amendment is being filed in response to the Commissions December 27, 2016 request for additional information (the Dec. 27 RFAI) (see also our Miscellaneous Report to FEC and Amended M9 Report, filed the same day as this amendment, for the full response to the Dec. 27 RFAI). Because the disbursements in Question 1 of the Dec. 27 RFAI [B626890, B626891] were not independent expenditures as defined in 11 CFR 100.16, they are not subject to the reporting requirements specified in 11 C.F.R. 104.4(b). Therefore, we are amending the 48 hour notice filed on September 27, 2016 to remove these transactions from this report.

Form/Schedule:

Transaction ID:

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 10  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016	

Full Name of Payee <b>Community Outreach Group LLC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 44893.74	
City Washington	State DC	Zip Code 20005	Transaction ID : B628182
Purpose of Expenditure Canvassing	Category/ Type 007	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2045078.14	

Full Name of Payee <b>Terris Barnes &amp; Walters</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016	
Mailing Address 400 Montgomery St # 700		Amount 2242.50	
City San Francisco	State CA	Zip Code 94104	Transaction ID : B628191
Purpose of Expenditure Canvass Lit	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016	
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2045078.14	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	47136.24
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016	

Full Name of Payee <b>Blueprint Interactive</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016	
Mailing Address 2229 North Pollard St		Amount 19500.00	
City Arlington	State VA	Zip Code 22207	Transaction ID : B628196
Purpose of Expenditure Online Advertising-Estimated costs		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		2045078.14	

Full Name of Payee <b>Terris Barnes &amp; Walters</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016	
Mailing Address 400 Montgomery St # 700		Amount 2242.50	
City San Francisco	State CA	Zip Code 94104	Transaction ID : B628188
Purpose of Expenditure Canvass Lit		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016
Name of Federal Candidate Feingold, Russ, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		98736.48	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	21742.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Hubbard, Tshombe, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 10  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016	

Full Name of Payee <b>Community Outreach Group LLC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 44893.74	
City Washington	State DC	Zip Code 20005	Transaction ID : B628186
Purpose of Expenditure Canvassing	Category/ Type 007	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016	
Name of Federal Candidate Feingold, Russ, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		98736.48	

Full Name of Payee <b>Terris Barnes &amp; Walters</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016	
Mailing Address 400 Montgomery St # 700		Amount 2242.50	
City San Francisco	State CA	Zip Code 94104	Transaction ID : B628187
Purpose of Expenditure Canvass Lit	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016	
Name of Federal Candidate Johnson, Ron, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		98736.48	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	47136.24
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 10  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016	

Full Name of Payee <b>Blueprint Interactive</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2016	
Mailing Address 2229 North Pollard St		Amount 4464.00	
City Arlington	State VA	Zip Code 22207	Transaction ID : B623304
Purpose of Expenditure Online Advertising-Estimated costs		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 19 / 2016
Name of Federal Candidate Johnson, Ron, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		98736.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Community Outreach Group LLC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 44893.74	
City Washington	State DC	Zip Code 20005	Transaction ID : B628185
Purpose of Expenditure Canvassing		Category/ Type 007	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016
Name of Federal Candidate Johnson, Ron, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		98736.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	49357.74
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016	

Full Name of Payee <b>Terris Barnes &amp; Walters</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016	
Mailing Address 400 Montgomery St # 700		Amount 2242.50	
City San Francisco	State CA	Zip Code 94104	Transaction ID : B628190
Purpose of Expenditure Canvass Lit	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016	
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2045078.14	

Full Name of Payee <b>Blueprint Interactive</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016	
Mailing Address 2229 North Pollard St		Amount 19500.00	
City Arlington	State VA	Zip Code 22207	Transaction ID : B628193
Purpose of Expenditure Online Advertising-Estimated costs	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016	
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		2045078.14	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	21742.50
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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Hubbard, Tshombe, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 8 OF 10  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016	

Full Name of Payee <b>Community Outreach Group LLC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016	
Mailing Address 1110 Vermont Ave N.W. #300		Amount 44893.74	
City Washington	State DC	Zip Code 20005	Transaction ID : B628183
Purpose of Expenditure Canvassing	Category/ Type 007	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016	
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		2045078.14	

Full Name of Payee <b>Itzamna Translations Company</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2016	
Mailing Address P.O. Box 1015		Amount 52.65	
City Glendale	State AZ	Zip Code 85311	Transaction ID : B628175
Purpose of Expenditure Translation Services	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 18 / 2016	
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		2045078.14	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	44946.39
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016	

Full Name of Payee <b>Terris Barnes &amp; Walters</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 19 / 2016	
Mailing Address 400 Montgomery St # 700		Amount 1875.60	
City San Francisco	State CA	Zip Code 94104	Transaction ID : B628178
Purpose of Expenditure Canvass Lit	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 19 / 2016	
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought 2045078.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Planned Parenthood Action Fund Inc.</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 21 / 2016	
Mailing Address 123 William St, 10th Floor		Amount 42.93	
City New York	State NY	Zip Code 10038	Transaction ID : B628179
Purpose of Expenditure List rental	Category/ Type 003	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 21 / 2016	
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought 2045078.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1918.53
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 / 30 / 2017

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 10 OF 10  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016	

Full Name of Payee <b>Drew &amp; Rogers, Inc.</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2016	
Mailing Address 30 Plymouth Street		Amount 3612.93	
City Fairfield	State NJ	Zip Code 07004	Transaction ID : B628180
Purpose of Expenditure Small items & distribution	Category/ Type 003	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 23 / 2016	
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought 2045078.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Planned Parenthood Action Fund Inc.</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016	
Mailing Address 123 William St, 10th Floor		Amount 42.58	
City New York	State NY	Zip Code 10038	Transaction ID : B628181
Purpose of Expenditure List rental	Category/ Type 003	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016	
Name of Federal Candidate Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought 2045078.14		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3655.51
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	239563.90

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 / 30 / 2017

Signature